

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 1586 OF 3399

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

EMILY's List

Full Name (Last, First, Middle Initial)

**A. Ms. Diana Bain**

Mailing Address 2657 Hemenway Rd.

City	State	Zip Code
Bridport	VT	05734

FEC ID number of contributing federal political committee.

C

Name of Employer

EMC

Occupation

Computer Programmer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2015

Transaction ID : 4460808

Amount of Each Receipt this Period

50.00

DonnaEdwards Contributions

[MEMO ITEM]

MEMO

Full Name (Last, First, Middle Initial)

**B. Lorenzo Jone**

Mailing Address 48885 Tremont Dr

City	State	Zip Code
Macomb	MI	48044

FEC ID number of contributing federal political committee.

C

Name of Employer

General Motors

Occupation

Senior Buyet

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

Transaction ID : 4451286

Amount of Each Receipt this Period

5.00

DonnaEdwards Contributions

[MEMO ITEM]

MEMO

Full Name (Last, First, Middle Initial)

**C. Dr. Edna R. Bick**

Mailing Address 9468 Beecher Road

City	State	Zip Code
Flushing	MI	48433

FEC ID number of contributing federal political committee.

C

Name of Employer

Genesys Pho

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	19	/	2015

Transaction ID : 4451266

Amount of Each Receipt this Period

200.00

DonnaEdwards Contributions

[MEMO ITEM]

MEMO

SUBTOTAL of Receipts This Page (optional).....▶

0.00

TOTAL This Period (last page this line number only).....▶